								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  10/759768													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR	OTHER SMALL		
TOTAL CLAIMS 45							ſ	RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED N			JMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			45 minus 20=		•			X\$ 9=		OR	X\$18=	450.00	
INDEPENDENT CLAIMS			/ minus 3 =					X43=		OR	X86=	<u>.</u>	
ML	ULTIPLE DEPE	NDENT CLAIM P	RESENT				4 145±		ОЯ	+290=			
• 11	the difference	in column 1 is	ess than zero, enter "0" in column 2				Ł.	TOTAL		OR	TOTAL	1220	
	16-04 0		MENDED - PART II				SMALL	ENTITY	OR	OTHER SMALL			
A	45	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colun HIGH NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	. 45	Minus	· 2	5	=		XS 9=		OR	X\$18=		
AMENDMENT	Independent	• 1	Minus	***	0	=		X43=		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR:	+290= ·		
٠.,									· ·	"	TOTAL		
.:	. :							TOTAL ODIT. FEE		JOR ,	ADDIT, FEE		
	· ·	(Column 1)	T	(Colum		(Column 3)	<b>_</b>		4001	· ·		ADDI	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAJO F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE_		RATE	ADDI- TIONAL FEE	
	Total '	•	Minus	**		=		X\$ 9=	. :	OR	X\$18=		
AME	Independent	*	Minus	***	CL AIM	=		X43= .	•	OR	X86=		
	rinoi Priese	NTATION OF MU	ILIPLE DEF	CINDENI	CLAIM			+145=		OR	+290=		
		·					· <b>L</b>	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
	•												
ENT C		Claims Claims REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO PAID F	ST ER : USLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENOLIENT	Total	•	Minus	હેવ .		=		X\$ 9=		OR	X\$18=		
AME	Indep ndent	•	Minus	***	01.4336	= .		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
•• H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									. L	TOTAL DDIT. FEE		
***	I the "Highest Nur	mber Previously Pa ber Previously Paid	id For IN THI	S SPACE H	less that	3. enter 3.		DIT. FEE <b>L</b> I in the <del>a</del> pp	ropriate box			-	